



**North Carolina Department of Health and Human Services**  
**Division of Mental Health, Developmental Disabilities and Substance Abuse Services**  
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Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Michael Moseley, Director

October 4, 2006

**MEMORANDUM**

**To:** Legislative Oversight Committee Members  
Commission for MH/DD/SAS  
Consumer/Family Advisory Committee Chairs  
Advocacy Organizations and Groups  
North Carolina Association of County Commissioners  
County Managers  
County Board Chairs  
North Carolina Council of Community Programs  
State Facility Directors  
Area Program Directors  
Area Program Board Chairs  
DHHS Division Directors  
Provider Organizations  
MH/DD/SAS Professional Organizations and Groups  
MH/DD/SAS Stakeholder Organizations and Groups  
Other MH/DD/SAS Stakeholders

**From:** Mike Moseley 

**Re:** Communication Bulletin #062  
Provider Action Update



On February 10, 2006, *Communication Bulletin #053 DMH/DD/SAS Provider Action Agenda* was issued. In that original communication bulletin one of the primary objectives was to establish a Provider Action Agenda Committee (PAAC). The focus of the Provider Action Agenda Committee is to enhance the relationship between the Division and providers of MH/DD/SA services. The PAAC has three primary areas of study: Standardization, Regulation and Reporting, and Provider Improvement. In September, a Charter was issued for this committee detailing the project scope, objectives, requirements and identifying the membership. (See attached document regarding the Project Charter.)

Dick Oliver and Bert Bennett, Ph.D. of DMHDDSAS were assigned as Co-Chairs to the newly formed PAAC. This group held its first Provider Action Agenda Committee meeting on August 30, 2006. The Provider Action Agenda Committee consists of a membership of 14 providers from across the state whose agencies offer a variety of MH/DD/SA services. Other committee members include staff from other teams within this Division as well as the Division of Medical Assistance

The Division will continue to work with the PAAC to further identify specific issues which impact the efficiency and effectiveness of providers. Once the issues are defined, the committee will propose an action (deliverable) to improve the system performance. The Division will then use the Transformation Strategy Group and the Executive Leadership Team to identify the specific deliverables and process. Once specific deliverables are approved, the Division will use the PAAC as an advisory body to provide input. The Division will identify LME representatives as well as Consumer and Family Members for additional input on specific issues. The Provider Action Agenda Committee and other stakeholders will play an important role with the Division in continuing to make Mental Health Transformation a success in North Carolina.



I personally want to thank the Committee members for their willingness to serve on the Provider Action Agenda Committee and their commitment to this project over the next year. If you have any ideas that will aid the Provider Action Agenda Committee Co-Chairs in their work over the next year, please contact the co-chairs via e-mail at: [Provider.Action.Agenda@ncmail.net](mailto:Provider.Action.Agenda@ncmail.net)

cc: Secretary Carmen Hooker Odom  
Dr. Allen Dobson  
Allyn Guffey  
Dan Stewart  
DMH/DD/SAS Executive Leadership Team  
DMH/DD/SAS Staff  
Lynette Tolson  
Rich Slipsky  
Wayne Williams  
Kaye Holder  
Yvonne Copeland  
Coalition 2001 Chair  
Kory Goldsmith  
Andrea Russo  
Jennifer Hoffman



**Project Charter**  
**DMH/DD/SAS Provider Action Agenda Committee**

**I. General Information**

Project Name: Provider Action Agenda Committee (CB#53)  
Project Number: TO BE ASSIGNED BY TSG  
Sponsor Name: Mike Moseley / ELT  
Date: February 10, 2006  
Duration: June 30, 2007

**II. Project Scope**

Provider Action Agenda Committee: The Division Director, Mike Moseley, initiated an accelerated focus on the provider system with the issuance of a Provider Survey on September 14, 2005. Providers were invited to complete a web based survey to assist the Division in better understanding the challenges facing providers to assist with a successful transformation of the service system. More than 500 providers responded to the survey. The survey was followed up with two Provider Summits in the fall of 2005. In February 2006 Communication Bulletin# 53 was issued with a six month internal action agenda group which would develop into a Long Term Action Agenda by including provider representatives starting in July 1, 2006 through June 30, 2007. The primary focus of the Provider Action Agenda Committee for the next year is: (1) Standardization; (2) Regulations and Reporting; and (3) Provider Improvement.

**III. Project Objectives**

Consumers and Families are the beneficiaries of the services that are facilitated through the Division as the purchaser, the LMEs as the managers, and the service provider community as the service delivery partner. The reform of the MH/DD/SAS system depends upon a provider system in which high quality services are available in sufficient quantity to meet the identified needs of the consumers. In order to enhance the contractual relationship between all three parties there are three primary objectives:

- (1) Standardization: to identify additional areas of standardization;
- (2) Regulations and Reporting, to conduct an inventory of potential overlapping regulation and reporting to identify targets for regulatory relief; and
- (3) Provider Improvement, where the Division will work in collaboration with organizations to support provider improvement initiatives such as provider fairs, small business technical assistance, and provider capacity checklists relating to specific training needs of providers.

Overall, the objective of this workgroup is to complete all adopted project task assignments with the support, guidance, and assistance of workgroup members; to strengthen and enhance the provider community as a stakeholder partner working collaboratively with LMEs and the Divisions of DMH and DMA; and ultimately for the direct benefit to individuals and families who receive services from the MH/DD/SA system.

**Project Charter**  
**DMH/DD/SAS Provider Action Agenda Committee**

**IV. Requirements**

- (1.) Minutes will be taken of meetings and telephone conference calls and routed to Transformation Strategy Group (TSG).
- (2.) First official meeting of Provider Action Agenda committee will be scheduled to meet no later than August 31, 2006.
- (3.) First meeting will set specific priority of business rule needs as identified in CB#53, identify specific project task to adopt and prioritize each project task as identified by workgroup members and guidance input from DMH and DMA.
- (4.) Specific identified project task will be cleared through TSG and ELT prior to proceeding to next step.
- (5.) Once specific project task are identified, project completion timelines will be assigned to each task, identifying desired outcomes of project task, and involve the appropriate DMH / DMA staff to complete project task.
- (6.) Written quarterly summary reports will be written and shared with TSG for each project task.
- (7.) Keep TSG and ELT Members apprised any changes in status of project tasks.
- (8.) Provider Action Agenda Committee will be kept apprised of all project task continually seeking input and guidance as specific steps of identified project task are completed.
- (9.) Workgroup is to have completed all adopted project task(s) and closure (termination) of Provider Action Agenda Committee to be no later than June 30, 2007. (Unless otherwise directed by the Project Sponsor.)

**V. Members**

Providers Members:	Alexander Youth Network, Jennifer Greene; Alliance Rehab. Care, Jeanne Harrison; ARP / Phoenix, Don Reeves; Coastal Horizons Center, Margaret Weller-Stargell; CNC / Access, Judy Hardy; Easter Seals / UCP, Fred Waddle; Excel Tutoring & Per Dev., John Tillman; Le Chris Counseling Svcs, Christina Nelson; NC Mentor, Charles Davis; Omni Visions, Leslie Kellenberger; Insight Human Services, Bert Wood; Port Human Services, Tom Savidge; Pride in North Carolina, Deanna Janus; PRLF Co-Chair, Sally Cameron; Triumph, LLC, Paul Caldwell.
DMA Members:	Tara Larson; Carol Roberson; Aydlett Hunike; Marjorie Morris.
DMH Members:	Dick Oliver, Co-Chair Bert Bennett, Co-Chair; Shealy Thompson; Kent Woodson; Cindy Koempel. DMH Assigned staff: Rose Burnette and Ken Marsh (non-members).
LME Reps:	Added as needed.
Consumer and Family Reps:	Added as needed.

**Project Charter**  
**DMH/DD/SAS Provider Action Agenda Committee**

**VI. Project Meeting Schedule (List dates, times and location of meetings)**

Frequency, date, times and location of meetings to be set up at the first meeting.

**VII. Routing / Processing Schedule**

A "Project Charter Team Selection" form will be completed with the acceptance and approval of each adopted project task of the Provider Action Agenda workgroup.

**VIII. Sponsor Signature:**

 Project Sponsor – Mike Moseley	<u>8/29/06</u> Date
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